

215000049077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O SIMMONS

FEB 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE SOLE GUARDIAN GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACKIE ROJAS-QUINONES

Name of Person

ACCOUNTING & BEYOND, LLC

Firm/Company

7121 N. HABANA AVE.

Address

TAMPA, FL 33614

City/State and Zip Code

ACCOUNTINGANDBEYOND@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE ROJAS-QUINONES

813 998-9800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE SOLE GUARDIAN GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/18/2015 and assigned
Florida document number L15000049077.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CRYPTO FELLAS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1802 N. HOWARD AVE.

#4613

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1802 N. HOWARD AVE.

#4613

TAMPA, FL 33607

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MIGUEL A. GONZALEZ

New Registered Office Address:

1802 N. HOWARD AVE., #4613

Enter Florida street address

TAMPA

City

Florida 33607

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	MIGUEL A. GONZALEZ	1802 N. HOWARD AVE., #4613 TAMPA, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	NIKITA LYASHENKO	1802 N. HOWARD AVE., #4613 TAMPA, FL 33607	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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18 FEB 20 AM 10:07
SECRETARY OF STATE
TELETYPE UNIT, FLORIDA

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FEB 20 AM 10:01
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 14, 2018

Signature of a member or authorized representative of a member

MIGUEL A. GONZALEZ

Typed or printed name of signee